



Thursday, December 16, 2021

MINUTES

Chairman Pollak called the meeting to order at 1:09 p.m.

Commissioners present via telephone: Boyer, Boyle, Brahmbhatt, Cheatham, Doordan, Jensen, Metz, O'Connor, Rymer, Sergent, and Wang

AGENDA ITEM 1.

Approval of the Minutes

Commissioner Jensen made a motion to approve the minutes of the November 18, 2021, public meeting by teleconference of the Commission. The motion was seconded by Commissioner Boyer and unanimously approved.

AGENDA ITEM 2.

Update of Activities

Chairman Pollak announced that this was Commissioner Rymer's last Commission meeting. Commissioner Rymer served as the reviewer on a complex organ transplant Certificate of Need review in Montgomery County for the Commission. Commissioner Rymer added valuable insight on a regular basis. Chairman Pollak thanked Commissioner Rymer for her service to the Maryland Health Care Commission (Commission or MHCC).

Ben Steffen, Executive Director, highlighted strategic activities that the Commission has accomplished, as noted in the following table.

Meeting Strategic Priorities

Projects in Progress or Completed 7/21 to 12/21

| Priority | Actions | Status |
|---|--|------------------------------------|
| Educate, inform, and engage the health care community on MHCC activities to elevate the success of the Commission’s work in all priority areas. | A. Building data sharing relationships <i>Authorized for release:</i> | |
| | a. PDAB for APCD data | Complete |
| | b. HSCRC | Complete |
| | c. AHRQ | Complete |
| | d. CRISP – Care Transformation | Underway (To be completed 1/22) |
| | e. Reduce backlog of applications for APCD data – Hopkins, UMSPH | Ongoing |
| | B. Collaboration on reducing Health Disparities | |
| | a. Report on MDH’s programs to reduce health disparities | Underway (To be completed 1/22) |
| | b. Participate on the Data Committee of the State’s Shirley Nathan Pulliam Health Equity Commission | Underway (To be completed 1/22) |
| | c. Collaboration with specialists: arrangement with the Maryland Cardiac Services Quality Initiative to share HSCRC’s Hospital Discharge Data | Underway |

| Priority | Actions | Status |
|--|--|----------|
| | <p>d. Leadership in Health Information Technology</p> | Underway |
| | <p>C. Topic: Virtual Meeting on the Evolution of HIEs in the Post Pandemic a Collaboration with CIVATAS Networks for Health</p> <p><i>About: Civitas Networks for Health formed In August 2021 - The Network for Regional Healthcare Improvement and the Strategic Health Information Exchange Collaborative merged to launch a new collaborative project called Civitas Networks for Health. Previously MHCC worked collaboratively with NRHI and SHIEC.</i></p> | |
| | D. Cyber Security | |
| | <p>a. Cyber Security Symposium in collaboration with HSCRC and MHA – November 8th</p> | Complete |
| | <p>b. Ambulatory Practices scheduled for the end February; MedChi will cosponsor</p> | Underway |
| <p>Make MHCC the trusted source of quality and cost information by increasing use of MHCC quality and cost data by all members of the State health care system, including Maryland residents, to increase price transparency and reduce use of low-value care.</p> | <p>A. Update the Wear the Cost with three episodes of Care – Note opportunities to collaborate on EQIP Model, PCI, Knee arthroscopy, Tonsillectomies</p> <p>datastudio.google.com/u/0/reporting/4484e910-6ec7-47fc-a287-e9f7c84951d0/page/VeZfC?s=g-QvklZlrtc</p> | Complete |
| | <p>B. Selection of OnPoint</p> <p>Updated data regulations, COMAR 10.25.05– to expand APCD data sharing through the expanded data release process</p> | Complete |
| | C. Continuing Update of Maryland Quality Reports | |
| | <p>a. Nextdoor linkage</p> | Complete |

| Priority | Actions | Status |
|---|---|----------|
| | <p>b. Expanded assisted living facility (ALF) data to include an inventory of ALFs less than 10 beds sortable by county and zip code</p> | Complete |
| | <p>c. Measures for hospitals, home health, hospice, and nursing homes were done in September.</p> <p>datastudio.google.com/u/0/reporting/37696af4-6f79-4bda-9b99-efb1a9278302/page/LRkfc?s=pghfIU8k4Q4</p> | Underway |
| | <p>d. A 30-second Ad Public Service Announcement with Maryland Public Television</p> | Underway |
| <p>Modernize health planning and the Certificate of Need program focusing on minimizing administrative burden and supporting the State’s goals under the All-Payer Model.</p> | <p>A. Support New Initiatives</p> | |
| | <p>a. Health System – Hospice Joint Ventures</p> | Underway |
| | <p>b. Hospital at Home</p> | Underway |
| | <p>c. ASCs allow acute general hospitals to co-locate with distinctly licensed ambulatory surgical facilities while maintaining their separate status as rate-regulated (hospital) and unregulated (ASF) entities</p> | Underway |
| | <p>B. Regulations</p> | |
| | <p>a. COMAR 10.24.21 – State Health Plan for Facilities and Services: Acute Psychiatric Services – Final Permanent Regulations</p> | Complete |
| | <p>b. COMAR 10.24.07 – State Health Plan for Facilities and Services: Residential Treatment Centers – Final Permanent Regulations – July</p> | Complete |

| Priority | Actions | Status |
|---|---|---------------------------------|
| | <ul style="list-style-type: none"> c. 10.24.11 General Surgical Services final in September | Underway |
| | <ul style="list-style-type: none"> d. COMAR 10.24.01 – Procedural Regulations – Initial Draft | Complete |
| | <ul style="list-style-type: none"> e. COMAR 10.24.10 – Acute Care Hospital Services – Work Group convened in August 2022 | Underway |
| <p>Enable providers to participate in value-based payment models by collaborating with stakeholders to engage specialty groups and facilitate wider adoption of alternative payment models.</p> | <ul style="list-style-type: none"> A. Advancing Practice Transformation in Ambulatory Practice to MedChi – 75 practices have applied | Underway (To be completed 1/22) |
| | <ul style="list-style-type: none"> B. Establish MDPCP Track 3 (Term Sheet delivered to CMMI) | Underway |
| | <ul style="list-style-type: none"> C. Launched Innovations in Care Symposiums | Underway |
| | <ul style="list-style-type: none"> a. September 8th – Michael Barr, SVP NCQA and Michael Albert Chief of Primary Care Clinical Innovation, Chief of Internal Medicine at JH Medicine – 118 Attended | Underway |
| | <ul style="list-style-type: none"> b. December 17th Meeting | Complete |
| <p>Elevate telehealth by extending the use of telehealth services in a variety of health care settings, and by educating providers and patients, and evaluating telehealth programs.</p> | <ul style="list-style-type: none"> A. Telehealth Evaluation through NORC | Underway |

Eileen Fleck, Chief, Acute Care Policy and Planning, provided an update on the conditions for hospitals with Certificates of Ongoing Performance for percutaneous coronary intervention services. These hospitals include TidalHealth Peninsula Regional, University of Maryland Medical Center, University of Maryland (UM), St. Joseph Medical Center, Sinai Hospital, Meritus, UPMC Western Maryland, and UM Capital Regional Health. All hospitals, except TidalHealth Peninsula Regional, submitted the required documentation of compliance with one or more standards. Staff expected to receive documentation from TidalHealth Peninsula Regional later on December 16, 2021.

AGENDA ITEM 3.

ACTION: Maryland Trauma Physician Services Fund FY2021

Richard Proctor, Chief Operating Officer, presented the highlights of the 2021 Maryland Trauma Physician Services Fund Report (Fund Report) and requested Commission approval for submission to the General Assembly, in accordance with Section 2-1257 of the State Government Article. The law requires the Commission and the Health Services Cost Review Commission (HSCRC) to submit an annual Fund Report to the General Assembly and delineates what is required to be included. The Fund Report must provide the amount of money in the Fund on the last day of the previous year, the amount applied for by the trauma physician and trauma centers, and the amount of reimbursements distributed. The Fund Report must also include any recommendations for altering the manner in which trauma physicians and trauma centers are reimbursed from the Fund and the costs incurred in administering the Fund. Mr. Proctor addressed questions after his presentation, and the Commission voted to approve the report as written to the General Assembly.

Commissioner Doordan made a motion to approve the Maryland Trauma Physician Services Fund FY2021, which was seconded by Commissioner Boyle and unanimously approved.

ACTION: Maryland Trauma Physician Services Fund FY2021 is hereby APPROVED.

AGENDA ITEM 4.

ACTION: Hospital at Home in Maryland, Joint Chairmen's Report

Paul Parker, Director of Health Care Facilities Planning and Development, briefed the Commission on the final draft of the report, requested in the 2021 Joint Chairman's Report of the Maryland General Assembly, on implementing the Hospital at Home (HaH) model in Maryland. The JCR requested that HSCRC and MHCC jointly develop this report, in

consultation with the Maryland Department of Health (MDH). The HSCRC staff took the lead in drafting the report.

Mr. Parker noted that the report broadly supports the concept of using the patient's home as a potential setting for delivery of acute hospital services, a concept tested in demonstrations over the last 20 years and is currently being used by hospitals in other states as a pandemic-related measure authorized by the Centers for Medicare and Medicaid Services in 2020. The report draft does not identify regulatory barriers to implementing the program concept in Maryland and recommends a payment model for HaH that can be implemented at HSCRC's discretion that would involve enhanced reimbursement for emergency room patients that are admitted under an HaH model of hospital care. Mr. Parker asked for approval of the report for submission to the General Assembly.

After a motion to approve the report by Commissioner Jensen and a second by Commissioner O'Connor, the Commission moved to discussion of the report. Commissioner Sergent expressed his concern that the report created a path to expanding the scope of what has traditionally been defined as "hospital services" beyond the walls of the hospital and this may allow hospitals to monopolize the space for delivery of the specific "HaH" services that may benefit patients at home, even if other types of providers and enterprises could meet the needs of these patients more effectively and at a lower cost. He posed the question of whether we are "protecting the hospitals' turf" with respect to HaH services by establishing an HSCRC payment model, allowing hospitals to dominate this space in a way that may prevent the market from producing better alternatives. During the discussion of this question, it was clarified that HaH services would be "regulated" services of the hospital, with revenue subject to the global budget established for the hospital and would not represent a source of "unregulated" hospital revenue. Mr. Parker also noted that HaH was intended to, on average, provide a lower cost alternative to traditional hospital admission, and not a new hospital service that would expand inpatient service delivery volume.

After further discussion, Commissioner Sergent moved to approve the report with an amendment to the concluding paragraph of the report as follows (additional language in **bold**):

*Given current published data on hospital care at home programs, the Commissions believe that hospital care at home programs could help to advance the goals of the Maryland Health Model. For that reason, the Commissions support the uptake of the model by hospitals and other entities, **including other provider entities not currently licensed as acute care general hospitals**, across the state.*

This motion was seconded by Commissioner Boyer and unanimously adopted by the Commission.

Commissioner Sergent made a motion to approve the Hospital at Home in Maryland, Joint Chairman's Report which was seconded by Commissioner O'Connor.

Commissioner Sergent made a motion to approve the Hospital at Home in Maryland, Joint Chairman's Report opposed amendments which was seconded by Commissioner Boyer and unanimously approved.

ACTION: Hospital at Home in Maryland, Joint Chairmen's Report with amendments is hereby APPROVED.

AGENDA ITEM 5.

PRESENTATION: Public Health - State Designated Exchange - Clinical Information, Legislative Update

Nikki Majewski, Chief, Health Information Technology, presented the legislative update briefing paper for House Bill 1022, *Public Health – State Designated Exchange – Clinical Information* (Chapters 790 and 791 2021 laws of Maryland). The law requires nursing homes upon request of the Maryland Department of Health (MDH) to electronically submit clinical information to the State-Designated Health Information Exchange (HIE). It also requires electronic health networks operating in Maryland to provide electronic administrative health care transactions (transactions) to the HIE. The MHCC must report to the Governor and General Assembly by January 1, 2022, on funding availability and sustainability of the technical infrastructure. Ms. Majewski stated that nursing home and transactions data will be used for specified public health and clinical purposes.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 6.

PRESENTATION: Update on the Collaboration with the Office of Minority Health and Health Disparities to Support the Requirements of HB309/SB565 Public Health Data

Diana Estefania Estrada Alamo, Program Manager within the Center for Quality Measurement and Reporting, provided an overview of a collaborative project underway with the Office of Minority Health and Health Disparities (OMHHD). In 2021, House Bill 309 and Senate Bill 565 called for a renewed focus on the collection of race and ethnicity data to support the State's ability to address minority health disparities. The legislation requires OMHHD, in coordination with MHCC and the MDH, to submit to the General Assembly a plan that reflects

the State’s current programs and activities to eliminate health disparities. In response to the legislation, OMHHD and MHCC worked together to develop and administer a questionnaire to obtain descriptive information on all MDH programs that directly or indirectly address the needs of Maryland’s vulnerable populations. Over 150 MDH respondents submitted information on 405 program activities covering a wide range of medical conditions and health concerns. Program information was organized into a uniform and concise format with the intent to establish a statewide resource that could be accessed by MDH Units, consumers, and other stakeholders going forward. A Draft Report has been prepared for review and approval by the Maryland Secretary of Health.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 7.

PRESENTATION: Advance Directives Workgroup Update on Recommendations

Tracey DeShields, Director of Policy Development and External Affairs, provided an update on the Advance Directives Workgroup and the recommendations that they developed to be sent to the General Assembly. Ms. DeShields provided the background regarding *Senate Bill 837 – Health – Advance Care Planning and Advance Directives*, which was introduced during the 2021 legislative session. The bill did not pass and the MHCC was asked to establish a stakeholder workgroup to determine recommendations for compromised legislation to be introduced during the 2022 legislative session. The MHCC convened the Advance Directives Workgroup (“Workgroup”) with over 40 stakeholders representing consumers, providers, nursing homes, hospice and palliative care, carriers, technology vendors, the Maryland Insurance Agency (MIA), Maryland Department of Transportation, and the legislature. The Workgroup met four times and provided four recommendations, which centered around the collection of health agent information and the completion of advance directives by health care providers across the care continuum as well as by carriers.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 8.

PRESENTATION: Legislative Update

Tracey DeShields, Director of Policy Development and External Affairs, gave a general overview of the legislative process for the upcoming legislative session, especially for the new Commission members. Ms. DeShields explained that the legislative session runs for 90 days beginning on January 12th, and she pointed out important dates that the Commission and

staff need to be aware of as the session proceeds. Ms. DeShields discussed the legislative process and the role of the Commission during the legislative session. She explained the purpose of the weekly legislative policy meetings with the Commissioners and the process of going over bills and position recommendations from staff. Additionally, Ms. DeShields updated how the session will work this year considering the COVID-19 pandemic. She noted that the House of Delegates issued guidelines and bill hearings will again be held virtually, even though the House Office Building will be open to the public with an indoor mask requirement. The Senate has not issued guidance on their processes for Committee hearings and floor actions.

ACTION: NO ACTION REQUIRED

AGENDA ITEM 9.

Overview of Upcoming Activities

Mr. Steffen stated that January's Commission meeting may include the presentation of the disparities report for a formal vote and a Certificate of Need application. He noted that two longstanding contested Certificate of Need applications are moving forward, one for kidney organ transplant and the other for a children's hospital. Finally, Mr. Steffen stated that the Practitioner Expenditure report will probably be presented at the February Commission meeting.

AGENDA ITEM 10.

ADJOURNMENT

There being no further business, the meeting was adjourned at 3:32 p.m. upon motion of Commissioner Boyle, which was seconded by Commissioner Sergent and unanimously approved.